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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	MLI-06
First Named Inventor	T. Wade Fallin
COMPLETE IF KNOWN	
Application Number	10/601,177
Filing Date	06/20/2003
Art Unit	
Examiner Name	Daniel F. Justin

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method And Apparatus For Bone Plating

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label OR Correspondence address below

Daniel F. Justin

Name

Address 180 South 600 West

City	Logan	State	ZIP
Country	USA	Telephone	Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name	T. Wade	Family Name	Fallin
(first and middle [if any])		or Surname	

Inventor's Signature		Date	Sep 8, 2003
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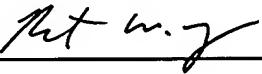
Residence: City	Hyde Park	State	Utah	Country	USA	Citizenship	Yes
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Mailing Address 210 East 200 South

City	Hyde Park	State	ZIP	84318	Country	USA
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name	Robert W.	Family Name	Hoy
(first and middle [if any])		or Surname	

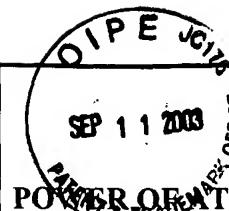
Inventor's Signature		Date	9/8/03
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Residence: City	Paradise	State	Utah	Country	USA	Citizenship	Yes
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Mailing Address 86507 South 200 East

City	Paradise	State	ZIP	84328	Country	US
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Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT

Application Number	10/601,177
Filing Date	06/20/2003
First Name of Inventor	T. Wade Fallin
Title	Method And Apparatus For Bone Plating
Group Art Unit	
Examiner Name	
Attorney Docket Number	MLI-06

I hereby appoint:

Practitioners at Customer Number _____
OR

Practitioner(s) named below:

Name	Registration Number
Daniel F. Justin	50144

As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number _____

OR

Firm or Individual Name	Daniel F. Justin		
Address	MedicineLodge Inc.		
Address	180 South 600 West		
City	Logan	State	UT
Country	USA		
Telephone	(435) 753-7675	Fax	(435) 753-7698

I am the:

Applicant/Inventor.

Assignee of record of the entire interest.

Signature of Applicant or Assignee of Record

Name	T. Wade Fallin
Signature	
Date	SEP 8, 2003

* Total of 2 forms are submitted.

**POWER OF ATTORNEY OR
AUTHORIZATION OF
AGENT**

*SEP 11 2003
TRADEMA*

Application Number	10/601,177
Filing Date	06/20/2003
Name of Inventor	Robert W. Hoy
Title	Method And Apparatus For Bone Plating
Group Art Unit	
Examiner Name	
Attorney Docket Number	MLI - 06

I hereby appoint:

Practitioners at Customer Number _____
 OR
 Practitioner(s) named below:

Name	Registration Number
Daniel F. Justin	50144

As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.
 OR
 Practitioners at Customer Number _____
 OR

<input checked="" type="checkbox"/> Firm or Individual Name	Daniel F. Justin			
Address	180 South			
Address	600 West			
City	Logan	State	Utah	Zip
Country	USA			
Telephone	435-753-7675	Fax	435-753-7698	

I am the:

Applicant/Inventor.
 Assignee of record of the entire interest.

(Signature of Applicant or Assignee of Record)

Name	Robert W. Hoy
Signature	<i>Robert W. Hoy</i>
Date	9/8/03

* Total of 2 forms are submitted.